

LOSS OF CITIZENSHIP QUESTIONNAIRE

Address:									
radioss.						Home Phone	:		
						Mobile Phon	e:		
						Email:			
								@	
2) Date and place of birth: Date: Place:						3) Country of Permanent Residence			
Month - Da	v - Yea	nr	(City/town,	State and Countr	ry)				
i) List all pe			e in the Unit	ed States (N			,		1
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5) Your last			nited States:				previous names us iddle: (If required please a		
				ssued and da		Last, First M	iddle: (If required please a		
7) Current U			lber, where is	ssued and da	ate of issu	Last, First M	iddle: (If required please a		
7) Current U	.S. passp	ort num	aber, where is Date of Issue	ssued and da e: - Day - Ye	ate of issu	Last, First M	iddle: (If required please a		
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7) Current U Passport # B) How did y	S. passp	ort num	aber, where is Date of Issue	osued and da e: - Day - Ye hip?	ate of issu	Last, First M	iddle: (If required please a		